

# THE USE OF HUMAN SUBJECTS IN PSYCHOLOGICAL RESEARCH<sup>1</sup>

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FOR some years the APA has had a Committee on Precautions in Animal Experimentation and has published rules regulating the use of animals for research purposes. This Committee and the animal experimentation code were established largely as an answer to the wild accusations about "dog torture chambers" hurled by antivivisectionists. The code provided a clear public statement of how animal experimentation was carried out, and the Committee could investigate charges that any of the code's provisions had been violated.

In the past no particular attention appears to have been paid to the use of human subjects in psychological research, apparently because no general problem existed as it did for animal experimentation. Of course, one heard gossip at times about a local uproar in some college community when students were asked to complete questionnaires which dealt with sex, race relations, or other emotionally charged material. Similar protests occasionally followed stress or frustration experiments or somatotype studies in which nude or nearly nude subjects were photographed. But such public outcries were rather rare and chiefly of local concern. Certainly they could in no way be compared to the nationwide clamor about animal research instigated by the antivivisectionists. Indeed, it was not until 1953 that a formal statement was issued by the APA concerning the general welfare of human research subjects. This may be found in *Ethical Standards of Psychologists*, published by the APA.

Like psychology, the medical sciences had no noteworthy problem in the use of human subjects for research purposes. The physician's responsibilities for his individual patient were carefully defined, and it was presumed that a subject in any medical experiment would be treated as if he were a patient. But on the heels of the Allied victory in

Europe in World War II came stories of incredibly barbarous medical experiments performed on human subjects by Nazi physicians in the name of science. When the documentation of these atrocities was published (6), the integrity of the entire profession of medicine was challenged; for the German doctors involved were no mere tools or quasi-charlatans. They were leaders in their profession, and they themselves planned and executed their program of deliberate maiming and lingering death. It was out of these findings of the Nuremberg trials that the present concern over the use of human subjects in research grew. While writings on the problem have come chiefly from medical persons, all sciences which use human subjects for research are to some degree involved. As Shimkin put it, "Responsibilities do exist, and it is better to define them and see that they are not abused than to deny their existence and accept the consequences of denial" (7, p. 205).

The psychologist who is engaged in research with human subjects is not likely to get into trouble if he adheres firmly to the principles of *consent*, *confidence*, and *standard or acceptable procedure*. Since it is highly improbable that psychologists direct research which may imperil the lives of subjects, a risk which is present in some medical experimentation, it is believed that these principles will suffice for virtually all research in which psychologists utilize the services of human subjects. However, because psychologists occasionally design research for which a physician assumes responsibility, the basic principles governing medical experiments with human subjects, as set forth by Taylor (8, p. xxiii) after the Nuremberg trials, will be presented here later.

When psychological research has aroused public ire, it has probably occurred most often when the principle of *consent* was violated in connection with some cherished cultural value. The uproars over questionnaires which students found personally obnoxious or the protests against being photographed

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in the nude are cases in point. Had the subjects been permitted to volunteer for the investigations, it is unlikely that such difficulties would have arisen. Many items of personal information are so trivial that it may appear unnecessary to invite subjects clearly and pointedly to participate, and to permit any to withdraw who wish to do so. Yet what is trivial to one is a threat to another. An innocent question on annual income smacks of internal revenue checkups to some persons, and a question on attitude is reminiscent of the Gestapo to others. The only safe procedure is to invite participation while avoiding any appearance of coercion and to make it easy for any subject to withdraw gracefully. Where the information requested is highly personal or where the experiment involves some pain, discomfort, or risk, the subject should be made fully aware of what he is consenting to, at least in a general way. If the subject is to be whirled in a Barany chair, electrically shocked, or quizzed about his sex practices, prudence dictates that the subject should be told what he is in for. Kidd (5, p. 212) remarked that ". . . the law does not regard trifles" —*de minimis non curat lex*; the public, however, often does. Further, the trifle occasionally has serious consequence. The present writer once saw a subject seized by a convulsion after ice water was squirted in his ear to demonstrate nystagmus. The subject remarked afterward that he never would have served had he known what was going to be done to him.

Upon occasion the consent of the subject himself cannot be obtained because he is legally incapable of giving it, as in the case of mental patients. In such instances the family or the physician or other person responsible for the patient's welfare may grant the necessary permission. Another special occasion concerns the use of case history or psychological test data without obtaining prior consent of the persons involved. Often such records are old and the subjects too numerous or too scattered geographically to make such consent feasible. Yet college and other institutional officials sporadically raise this question. If the persons concerned are not harmed by the use of their records and their identities are not publicly revealed, there is no problem and their consent for the professional use of such existing records is not necessary.

The second principle, that of *confidence*, relates to more than the confidential nature of the personal information concerning the subjects used in

research. It also relates to public confidence in psychology itself. The activities of the research and the practicing psychologist converge closely at this point. If psychology is to be regarded as a mature profession, more than skill and knowledge must be demonstrated. The trust in which the psychologist holds personal information must be taken for granted by the public. This is not merely a legal control in the sense of avoiding libel or slander suits. Indeed, the psychologist could probably disclose any information about his subjects or clients in the performance of a public, legal, or moral duty without fear of legal penalty, provided he did so without malice. This seems to be a generally accepted principle of the law. Thus, the problem is not one of legal immunity, but rather one of guarding personal data concerning a client, patient, or subject in an experiment so closely that such knowledge in the psychologist's possession will be publicly regarded as *privileged*. A number of states have no statute granting privileged communication to physicians; yet because the public assumes that such privilege exists, no problem is encountered. The State of Illinois, for example, has no such statute; but as Guttmacher and Weithofen (3, p. 270) note, the courts have upheld the psychiatrist when he has refused to testify in regard to a patient.

Just what should be regarded as confidential is something of a problem. About the only statement that can be made is that good sense and good taste must prevail. Should occasion arise to disclose the fact, whether a subject is 5 or 6 feet tall is obviously not a matter for secrecy but whether he is afflicted by fetishistic behavior is. A subject's psychological test scores, for example, are properly kept confidential, despite the fact that such data are often handled carelessly. A number of psychological clinics and counseling bureaus, as cases in point, will not transmit any information about a client or patient without his written consent. This procedure should be standard for agencies which disclose such information to persons outside of their own professional organization.

It is significant that Kinsey's sexual behavior studies have not encountered opposition in the areas here under discussion. Kinsey uses only subjects who volunteer and who know what they are in for, and he guarantees confidence. The public reference to coded material, locked strongroom files, etc. enable Kinsey to obtain histories which would

otherwise be unavailable to him. The parallel one may draw is that when any information is given in confidence, the welfare and advancement of our science demands that the identity of the subject be completely protected. If material is not given in confidence and if good taste and good sense do not clearly indicate that the information should be treated as confidential, the only rule to follow in such doubtful cases may be put tersely: *hold your tongue and pen*.

The third principle governing the use of human subjects in psychological research is that of *standard* or *acceptable procedure*. This assumes that the experimenter is competent in the area of his research undertaking and the procedure is standard in the sense of having been tried many times previously by many investigators. If the procedure is novel, and many procedures must be novel if we are to advance, the procedure must be regarded as acceptable by competent psychologists. That is, psychologists of established reputation in the field should have examined the proposed new procedure as well as any attendant risks and approved the approach as acceptable. Adherence to this principle of standard or acceptable procedure is a legal safeguard. No one has been successfully sued, so far as the present writer is aware, on grounds that a memory drum drove a subject psychotic or that an electric shock caused mental or bodily harm in a psychological experiment. Nor is there likely to be a successful suit so long as it can be demonstrated that the procedure has been widely used without detriment to other subjects and that obvious precautions were taken, such as using properly insulated wires, having a physician available where physical danger exists, etc. But it should be noted in this connection that some lawyers who specialize in industrial accident claims are quietly reviewing the problem of lawsuits based upon the charge that neurotic or psychotic behavior was produced by the stresses of a particular job. A word to the wise should suffice.

The importance of this third principle goes beyond legal protection in that, like the principles of consent and confidence, the esteem in which the psychological profession is held is directly involved. At least one therapist who personally used sexual intercourse as an experimental treatment for some of his female patients is now languishing in prison. Despite the fact that his procedure could in no sense be regarded as standard or acceptable, the

public reaction was one of outrage and psychology suffered a severe blow. Another research study, though it was never actually carried out, is of interest in this reference frame. A counseling psychologist spent considerable time designing a study in which groups of clients would be given varying interpretations of their test results. Some would be given accurate interpretations while others who scored low would be told they scored high and others who scored high would be told they scored low, etc. The study was ingeniously designed and encompassed several critical points by carefully controlling the effects of counseling, motivation, and the like. But however important the study might be, the possible effects upon the subjects are horrible to contemplate. Only a psychopath could execute such research. Furthermore, much the same information could be gathered by controlled studies of counseled versus noncounseled subjects and, most important, without risk to the subject.

In some respects military personnel are in a special category with respect to service as experimental subjects and submission to medical (and presumably psychological) treatment. Of course, any military person has the same right to volunteer or not to volunteer as a civilian subject in an experiment. However, it appears to be essential that such service should not hamper or incapacitate the subject in the performance of his military duties. There is, however, an old tradition of human experimentation in the military services, the most famous example of which is the yellow fever studies of Walter Reed. Currently, the authorized fields of research in the military forces include virtually every field of psychology. The psychologist who is engaged in research with military personnel is urged to read the article by W. H. Johnson (4) of the Judge Advocate Corps, United States Army.

In passing judgment upon the Nazi physicians who were charged with atrocities disguised as medical research, the Nuremberg tribunal laid down 10 basic principles governing permissible medical experiments. These principles are quoted by General Telford Taylor in Mitscherlich and Mielke's (6, p. xxiii) *Doctors of Infamy*. These principles are regarded as so basic and so important to psychology that they are herewith quoted in full:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to consent; should be so situ-

ated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

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